

PART B - FEE(S) TRANSMITTAL

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22500 7590 05/15/2007
BAE SYSTEMS INFORMATION AND
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65 SPIT BROOK ROAD
P.O. BOX 868 NHQ1-719
NASHUA, NH 03061-0868

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Maureen Miles	(Depositor's name)
<i>maureen miles</i>	(Signature)
<i>5-25-07</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,298	06/21/2005	Scott D. Setzler	20030017	1065

TITLE OF INVENTION: METHOD AND APPARATUS FOR GENERATING MID AND LONG IR WAVELENGTH RADIATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/15/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
RODRIGUEZ, ARMANDO	2828	372-020000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Robert K. Tendler
 2 Daniel J. Long
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE BAE Systems Information And Electronic Systems Integration Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Nashua, NH 01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 9.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190130 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Daniel J. Long

Date 5/24/07

Typed or printed name Daniel J. Long

Registration No. 29,404

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